

**CITY OF HIALEAH**  
501 PALM AVENUE, HIALEAH, FLORIDA 33010  
**APPLICATION FOR OCCUPATIONAL LICENSE**



<b>LICENSE NUMBER</b> <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Change of Name/Mailing Address <input type="checkbox"/> _____	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<b>ZONING CLASSIFICATION</b> <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>	<b>TOTAL FEE</b> \$ <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> Basic Fee \$ _____ Unit Fee \$ _____ Transfer Fee \$ _____ Delinquent Fee \$ _____ Forfeit Fee \$ _____																
<b>EXEMPTIONS</b> : Full <input type="checkbox"/> Partial <input type="checkbox"/> _____ <b>DECAL NUMBER</b> _____		<b>CASH</b> <input type="checkbox"/> <b>CHECK</b> <input type="checkbox"/> _____ Certification of Solid Waste Pick-up <input type="checkbox"/> _____																	
<table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Zone Review</td> <td><input type="checkbox"/> Driver's License</td> <td><input type="checkbox"/> State License</td> <td><input type="checkbox"/> Vehicle Inspection</td> </tr> <tr> <td><input type="checkbox"/> Fire Inspection</td> <td><input type="checkbox"/> Health Dept.</td> <td><input type="checkbox"/> C.C. Dade</td> <td><input type="checkbox"/> First Aid Cert.</td> </tr> <tr> <td><input type="checkbox"/> D.E.R.M.</td> <td><input type="checkbox"/> Bill of Sale-Notarized</td> <td><input type="checkbox"/> Insurance</td> <td><input type="checkbox"/> Sworn Affidavit</td> </tr> <tr> <td><input type="checkbox"/> Articles of Corp</td> <td><input type="checkbox"/> Enterprise Zone</td> <td><input type="checkbox"/> Police Background</td> <td><input type="checkbox"/> Vehicle Registration</td> </tr> </table>				<input type="checkbox"/> Zone Review	<input type="checkbox"/> Driver's License	<input type="checkbox"/> State License	<input type="checkbox"/> Vehicle Inspection	<input type="checkbox"/> Fire Inspection	<input type="checkbox"/> Health Dept.	<input type="checkbox"/> C.C. Dade	<input type="checkbox"/> First Aid Cert.	<input type="checkbox"/> D.E.R.M.	<input type="checkbox"/> Bill of Sale-Notarized	<input type="checkbox"/> Insurance	<input type="checkbox"/> Sworn Affidavit	<input type="checkbox"/> Articles of Corp	<input type="checkbox"/> Enterprise Zone	<input type="checkbox"/> Police Background	<input type="checkbox"/> Vehicle Registration
<input type="checkbox"/> Zone Review	<input type="checkbox"/> Driver's License	<input type="checkbox"/> State License	<input type="checkbox"/> Vehicle Inspection																
<input type="checkbox"/> Fire Inspection	<input type="checkbox"/> Health Dept.	<input type="checkbox"/> C.C. Dade	<input type="checkbox"/> First Aid Cert.																
<input type="checkbox"/> D.E.R.M.	<input type="checkbox"/> Bill of Sale-Notarized	<input type="checkbox"/> Insurance	<input type="checkbox"/> Sworn Affidavit																
<input type="checkbox"/> Articles of Corp	<input type="checkbox"/> Enterprise Zone	<input type="checkbox"/> Police Background	<input type="checkbox"/> Vehicle Registration																
Application processed by _____ Date _____ Inspected by _____ Date _____ Date Entry by _____ Date _____ Revenue Entry by _____ Date _____																			

**PLEASE PRINT OR TYPE (BLUE/ BLACK INK ONLY) NO CORRECTION FLUID ALLOWED**

1. Business Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
 Owner's Name/Corporation Name \_\_\_\_\_
  
2. Location of Business \_\_\_\_\_  

ADDRESS
BAY, SUITE, APT. NO., CITY, ZIP
TELEPHONE

 Mailing Address \_\_\_\_\_  
(If different from above) ADDRESS BAY, SUITE, APT. NO., CITY, ZIP TELEPHONE
  
3. Driver's License # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Expiration Date \_\_\_\_\_
4. Name of Person(s) who manage, control or qualify for this business in the City of Hialeah:  
 (A) Name \_\_\_\_\_  
 (B) Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
 (C) Emergency Contact \_\_\_\_\_ Telephone: \_\_\_\_\_
5. If a firm or corporation, the name, address, city, zip and home phone number of the officers  
 • \_\_\_\_\_  
 • \_\_\_\_\_  
 • \_\_\_\_\_  
 • \_\_\_\_\_
  
6. Type of Business ☐ Manufacturer ☐ Wholesale ☐ Retail ☐ Service ☐ Other \_\_\_\_\_  
**SPECIFIC** Products or Services \_\_\_\_\_
7. Number of seats, work stations or units: \_\_\_\_\_ Square feet of Property/Warehouse \_\_\_\_\_  
 Amount of Inventory \_\_\_\_\_ Number of employees [ ] [ ] [ ]  

TOTAL
FEMALE
MALE
8. If Business is operated from vehicle: Number of Vehicles \_\_\_\_\_  
**I affirm that the above is true and correct to the best of my knowledge.**  
**I am aware of penalties and/or revocation of license for false statements.**

\_\_\_\_\_  
TITLE OF APPLICANT

\_\_\_\_\_  
NAME OF APPLICANT

\_\_\_\_\_  
SIGNATURE AND SEAL

\_\_\_\_\_  
DATE